# A. 15000000195

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Čit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nam	ne)		
- (Dc	ocument Number)			
Ç	,			
Certified Copies	_ Certificates	of Status		
		<del></del>		
Special Instructions to Filing Officer:				

Office Use Only



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10/21/16--01019--018 \*\*\$2.50



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#### COVER LETTER

	Registration S Division of C			
SUBJE	CT:	ARGO (	ESTERO PARK, L	LLP
	Na		tnership or Limited Liability	
The end	closed Certific	cate of Amendment ar	nd fee(s) are submitted	for filing.
Please	return all corr	espondence concernir	ng this matter to:	
	J	ennifer A. Cachon		
		Contact Person		
	Conroy	, Conroy & Durant,	P.A	
		Firm/Company		
	2210 Vande	erbilt Beach Road, S	Suite 1201	
		Address		
		Naples, FL 34109		
		City, State and Zip Code		
	icachon	@naplespropertylav	w com	
E-r		be used for future annual		
For fur	ther informati	ion concerning this ma	atter, please call:	
	lannifar	A. Cachon	020	649-5200
	Name of Conta		at ( <u>239</u> ) Area Code and Davi	ime Telephone Number
			•	
Enclose	ed is a check	for the following amo	unt:	
\$52.5	50 Filing Fec	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STRE	ET ADDRES	SS:	MAILING A	ADDRESS:
Registration Section Registration Section				
	n of Corporat	tions	Division of C	-
	Building		P. O. Box 63	
	xecutive Cen		Tallahassee,	FL 32314
i allaha	ass <b>c</b> e, FL 323	9U I		

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	O PARK, LLLP
Insert name currently on file w	vith Florida Department of State
Pursuant to the provisions of section 620.1202, Flori limited liability limited partnership, whose certificat 03/25/2015 assigned Florid	
adopts the following certificate of amendment to its	certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limitere:	ted partnership or limited liability limited partnership
ARGO ESTER	RO PARK, LP
New name must be distinguishabl	e and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Lim	
B. If amending mailing address and/or principal principal office address here:	office address, enter new mailing address and/or
New Principal Office Address:  (Must be STREET address)	AHRS
New Mailing Address: (May be post office box)	
	10. X
C. If amending the registered agent and/or registered new registered agent and/or the new registered office a	d office address on our records, <u>enter the name of the</u> <u>ddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	m t

City

Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing	Registered Age	nt, Signature	of New Res	istered Agent

## D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ Add _ Remove
			Add Remoγe
	· · · · · · · · · · · · · · · · · · ·		_ DADES OCT 2
			Add Remove
***************************************			Add Remove
·			Add Remove
	,		-

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

	] This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
--	---

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	rmation, enter	change(s)	here: (Attack	additional s	heets, if neces	sary.)
					······································	
					"	
			<u> </u>		· · ·	
Effective date, if other than the date	te of filing:					
(Effective date cannot be prior to nor more State.)	re than 90 days a	fter the dat	e this documen	t is filed by the	: Florida Depo	urtment of
Signature(s) of a general partner	<u>r or all genera</u>	<u>l partne</u>	<u>rs*:</u>			
(*NOTE: Only one current general partr removing a "limited liability limited parts	ner is required to : nership" election	sign this do	cument unless Chapter 620. F	the limited pa	rtnership is ad Il general parti	ding or ners to sig
when adding or removing a "limited liabi ARGO CALVAN US AP, INC.	ility limited partne	ership" elec	tion statement	.)	2.	
ARGO CALVAN US SP, INC.	•				17.	16
Troy Peter Van Haastrecht, Vic	ce President			<del>14</del>	H.S.	<u> </u>
					SET	2
V					7	KA.
	<del></del>			<del></del>	JA!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			<u> </u>			
Signature(s) of all new or dissoci	iating general	<u>partner(</u>	s), if any:			
			,			
	<del></del>					
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50					
Certificate of Status (optional):	\$8.75					